



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING December 31, 2001  
of the Condition and Affairs of the

## Blue Care Network of Michigan

NAIC Group Code..... 0572, 0572 (Current Period) (Prior Period) NAIC Company Code..... 95610 Employer's ID Number..... 38-2359234

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan

Country of Domicile United States of America

Licensed as Business Type Life, Accident & Health [ ] Property/Casualty [ ] Health Service Corporation [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ X ] Is HMO Federally Qualified? Yes [ X ] No [ ]

Date Incorporated or Organized..... May 6, 1981 Date Commenced Business..... May 13, 1981

Statutory Home Office 25925 Telegraph..... Southfield ..... MI ..... 48086  
(Street and Number) (City or Town, State and Zip Code)  
Address of Main Administrative Office 25925 Telegraph..... Southfield ..... MI ..... 48086 248-354-7450  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)  
Mail Address 25925 Telegraph MC BF355..... Southfield ..... MI ..... 48086  
(Street and Number or P. O. Box) (City or Town, State and Zip Code)  
Primary Location of Books and Records 25925 Telegraph..... Southfield ..... MI ..... 48086 248-593-3929  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)  
Internet Website Address www.bcbsm.com/bcn  
Statement Contact Penny Wall 248-593-3929  
(Name) (Area Code) (Telephone Number) (Extension)  
pwall@bcbsm.com 248-593-3961  
(E-Mail Address) (Fax Number)

### OFFICERS

President & CEO Kevin Seitz # Chief Operating Officer Jeffrey W. Blancett Treasurer & CFO Susan A. Kluge  
Chief Actuarial Officer David R. Nelson # Chief Medical Officer Douglas R. Woll, MD Secretary Julie Swantek

### VICE PRESIDENTS

### DIRECTORS OR TRUSTEES

George Andros Charles Burkett Frank Garrison Gloria Klinge  
Mark R. Bartlett Diana L. Watson Julie Angott Joseph Defrain  
Anne Mare Ice, MD Honorable Paula J. Manderfield Carmone Owens Gregory A. Sudderth  
Roy Westran Richard E. Whitmer Kevin Seitz #

State of..... Michigan  
County of..... Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature) Kevin Seitz (Signature) Julie Swantek (Signature) Susan A. Kluge  
(Printed Name) President (Printed Name) Secretary (Printed Name) Treasurer

Subscribed and sworn to before me this

.....day of ....., 2002

a. Is this an original filing? Yes [ X ] No [ ]

- b. If no: 1. State the amendment number.....
- 2. Date filed.....
- 3. Number of pages attached.....

## SCHEDULE Y (Continued)

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
54291.....	38-2069753.....	Blue Cross Blue Shield of Michigan.....	50,000,000	(22,000,000)			307,512,700				335,512,700	
95610.....	38-2359234.....	Blue Care Network.....					(301,152,563)	(3,167,651)			(304,320,214)	14,679,449
52037.....	38-2536979.....	Blue Care of Michigan, Inc.....					(2,435,339)	(1,000)			(2,436,339)	
N/A.....	38-6561861.....	BCN Medical Malpractice Self-Insurance Trust.....					1,373,125				1,373,125	
N/A.....	38-6561862.....	BCN Stop-Loss Self-Insurance Trust.....						3,168,651			3,168,651	(14,679,449)
	38-2683208.....	Health First.....					14,200,636				14,200,636	
10166.....	38-3207001.....	Accident Fund.....	(33,000,000)				(16,878,482)				(49,878,482)	
	38-3357687.....	PPOM, LLC.....	(17,000,000)	22,000,000			(2,989,969)				2,010,031	
	38-2535306.....	SelectCare, Inc.....					369,892				369,892	
9999999	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0